

RESTRICTION ELECTION FACSIMILE TRANSMISSION

DATE: April 25, 2002

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PAGES, INCLUDING COVERSHEET: 10

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FAX RECEIVED

ACK 26 2002

GROUP 1600

TO EXAMINER: M. Wells

ART UNIT: 1642

SERIAL NUMBER: 09/555,270

TELEPHONE NUMBER LISTED ABOVE.

الوجاء الرابيل بأوافعان وتؤسفون الخاماء أأرارا

FAX/TELECOPIER NUMBER: (703) 308-4315

PLEASE NOTE: THIS FACSIMILE NUMBER IS TO BE USED ONLY FOR RESPONSES TO RESTRICTIONS.

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IN COMPLIANCE WITH 10%-OG X), THE FILING DATE ACCORDED BACH OPPICIAL FAX TRANSMISSION WILL BE DETERMINED BY THE FAX MACKINE DATE STAMP FOUND ON THE LAST PAGE OF THE TRANSMISSION, UNLESS TRANSMISSION, OR FEDERAL HOLDAY WITHIN THE DISTRICT OF COLUMBIA, IN WHICH CASE THE OFFICIAL DATE OF RECEIPT WILL BE THE NEXT BUSINESS DAY.

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Patent Attorney's Docket No. 032313-003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of Catharina SVANBORG et al. Application No.: 09/555,270 Filed: August 30, 2000 For: THERAPEUTIC AGENTS AMENDMENT/REPLY TRANSMITTAL LETTER Assistant Commissioner for Patents Washington, D.C. 20231 Sir: Enclosed is a reply for the above-identified patent application. [] A Petition for Extension of Time is also enclosed. [] A Terminal Disclaimer and a check for [] \$55.00 (248) [] \$110.00 (148) to cover the requisite Government fee are also enclosed. [X] Also enclosed is Attachment to Restriction Requirement and Amendment [] Small entity status is hereby claimed. [] Applicant(s) request continued examination under 37 C.F.R. § 1.17(e). [] Applicant(s) previously submitted, on for which continued examination is requested. [] Applicant(s) request suspension of action by the Office until at least which does not exceed three months from the filing of this RCB, in accordance with 37 C.F.R. § 1.10(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. [] A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) [] An additional claim fee is required. [] An additional claim fee is required. [] An additional claim fee is required, and is calculated as shown below:	DV ALLE OF THE STATE OF THE STA	,	FAX RECEIVED
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(10/01)

Amendment/Reply Transmittal Letter
Application No. 09/555,270
Attorney's Docket No. 032313-003
Page 2

		AMENDED	CLAIMS		
	No. OF CLAIMS	HIGHEST NO- OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	Addt'l Fee
	 	MINUS 20 =	0	× \$18.00 (103) =	0.00
Total Claims	1/		 	× \$84.00 (102) =	0.00
Independent Claims	1	MINUS 3 =		X 304.00 (103)	
ts a mondament adds m	miriple depend	ent claims, add \$280).00 (104)		
If Amendment adds multiple dependent claims, add \$280.00 (104)				0.00	
Total Amendment Fee	·				
If small entity status i	s claimed, sub	tract 50% of Total A	mendment Fe	c	
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT				0.00	

[] A claim	fee in the	amount of \$	enciosco.
[] Charge	S	to Deposit Account No.	02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

Burns, Doane, Swecker & Mathis, L.L.P.

Deborah H. Yellin Registration No. 45,904

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: April 25, 2002

(10/01)